

FOR STATE
HEALTH DEPT.

TO DEPUTY JUDICIAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

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16466

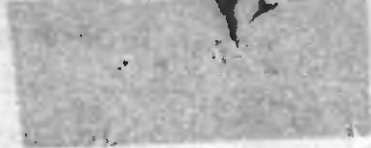
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16478

1. DECEASED NAME (Type or Print) Johnnie Bratton			2a. DATE KNOWN OF DEATH Month 11 Day 17 Year 1968			2b. HOUR 5:55 P.M.				
3. SEX male	4. RACE Col.	5. DATE OF BIRTH 3/15/14	6. AGE (In years last birthday) 54 YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 11 Day 17 Year 1968			2d. HOUR 5:55 P.M.	
7a. BIRTHPLACE (State or foreign country) North Carolina		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Queen Anne's				
10. CITY OR TOWN OF DEATH Chester			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Chester, Md.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Labourer		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.			13b. COUNTY Queen Anne's		13c. CITY OR TOWN Chester		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First unknown Middle unknown Last unknown			15. MOTHER'S MAIDEN NAME First unknown Middle unknown Last unknown			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)				16b. SOCIAL SECURITY NO. 220 09 1896
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes give war or dates of service)			16b. SOCIAL SECURITY NO. 220 09 1896			17. INFORMANT J. Walter Crouch, Chester, Md.				ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) extensive injuries to head ; multiple fractures of legs 814.7 DUE TO, OR AS A CONSEQUENCE OF hit by car Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) hit by car DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 8124										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year 5:55 P.M. 11 17 19 68			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Hit by a car as a pedestrian				
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) road			21f. LOCATION Street or R.F.D. No. r. Chester City or Town Q.A. County Md. State				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE C.R. Layton			EXAMINER'S NAME (Type) Layton, M.D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED 11/20/68	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 11/21/68			23c. NAME OF CEMETERY OR CREMATORY Chester			23d. LOCATION (City or Town) (County) (State) Chester Q.A. Md.	
24. FUNERAL DIRECTOR J.B. Dashiell Funeral Home			ADDRESS 426 Dover St. Easton, Md.			25a. RECEIVED BY REGISTRAR NOV 22 1968			25b. REGISTRAR'S SIGNATURE J. Walter Crouch	

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FOR STATE HEALTH DEPT.

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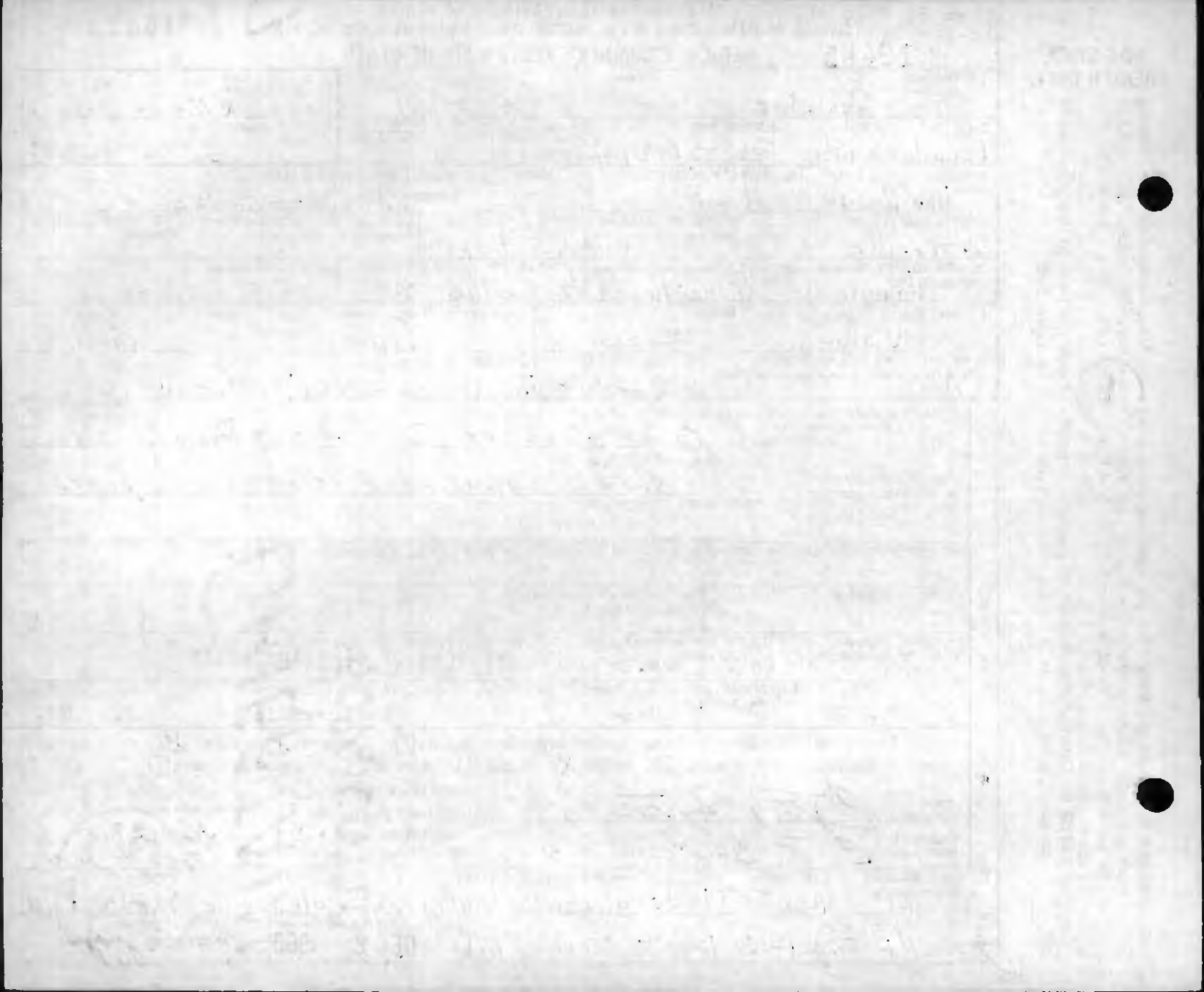
Item 21 Film 407
12-16-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16473

18465

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) Gladys First Middle Last			2a. DATE KNOWN OF DEATH ESTI- MATED 11-26 19 68 Month Day Year			2b. HOUR 12 PM		
3. SEX FEMALE	4. RACE White	5. DATE OF BIRTH FEB. 22 1927	6. AGE (In years last birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	2c. DATE PRONOUNCED DEAD Month 11 Day 26 Year 1968		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNES Md.		
10. CITY OR TOWN OF DEATH Centreville			11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) WATER STREET			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland			13b. COUNTY QUEEN ANNES			13c. CITY OR TOWN Centreville		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
14. FATHER'S NAME William First Middle Last			15. MOTHER'S MAIDEN NAME Agnes First Middle Last Pinder					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, for unknown) No			16b. SOCIAL SECURITY NO. 213-22-6100			17. INFORMANT Mother ADDRESS Mrs. Agnes Breen Centreville, Md		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Over dose of Doridin + Thorazine								2 hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last 8549								
(b) Marked Mental Aberration								years
(c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8740								
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year Unk. P.M. Nov. 26 1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Overdose of sleeping pills Self administered - pills			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home		21f. LOCATION Street or R.F.D. No. Centreville		City or Town Q.A. County Md.		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C. R. Layton			CHIEF MEDICAL EXAMINER <input type="checkbox"/>			22b. DATE SIGNED Nov 27 1968		
EXAMINER'S NAME (Type) C. R. Layton MD			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		
			ADDRESS (Street, city, town, or county) Centreville Md					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 28, 1968		23c. NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery		23d. LOCATION (City or Town) Sudlersville, Q.A., Md. (County) (State)		
24. FUNERAL DIRECTOR James H. Burton - Burton Bros - Centreville, Md				25a. REC'D BY REGISTRAR DEC 2 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print) JAMES			First			Middle			Last		
3. SEX Male			4. RACE White			5. DATE OF BIRTH May 19, 1884			2a. DATE OF DEATH Month November Day 28 Year 1968		
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH QUEEN ANNE'S Md.		
10. CITY OR TOWN OF DEATH Centreville			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Centreville Heights			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) RETIRED FARMER			12b. KIND OF BUSINESS OR INDUSTRY FARMING		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Centreville			13b. COUNTY QUEEN ANNE'S			13c. CITY OR TOWN Centreville			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
14. FATHER'S NAME JAMES			First			Middle			Last		
15. MOTHER'S MAIDEN NAME FRANCES			First			Middle			Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) No			16b. SOCIAL SECURITY NO. 215-38-0714			17. INFORMANT Daughter			Address Mrs. George Oldham, Centreville, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 4129 DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Ht. Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days 6 years	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 4200											
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No.			City or Town County State		
22a. I certify that (I) (this hospital) attended the deceased from July 1, 1960 to Nov. 28, 1968 , that (I) (we) last saw the deceased alive on Nov. 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE J.R. Smith Jr.			DEGREE			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED 11/29/68		
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr.			22e. ADDRESS Centreville Maryland 21617								
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE Nov. 30, 1968			23c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery			23d. LOCATION (City or Town) (County) (State) Centreville, Q.A.Co., Md.		
24. FUNERAL DIRECTOR James H. Baiter Jr. - Baiter Bros. - Centreville, Md.			ADDRESS			25a. REC'D BY REGISTRAR DEC 2 1968			25b. REGISTRAR'S SIGNATURE Charles Judge		

IN SENATE,

JANUARY

1875

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1874

ALBANY:

W. H. BROWN, PRINTER.

1875.

THE STATE OF ILLINOIS

OFFICE OF THE COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16481

16467

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) Robert Louis Ezekiel Hunter			2a. DATE OF DEATH Month November Day 8 Year 1968			2b. HOUR 1:00 A.M.	
3. SEX Male		4. RACE White		5. DATE OF BIRTH March 28, 1905		6. AGE (In years last birthday) 63 YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH QUEEN ANNES Md.	
10. CITY OR TOWN OF DEATH Church Hill		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) RURAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) ELECTRICIAN		12b. KIND OF BUSINESS OR INDUSTRY Ship- Building	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland		13b. COUNTY QUEEN ANNES		13c. CITY OR TOWN Church Hill		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13e. STREET AND NUMBER		14. FATHER'S NAME First William Middle Franklin Last Hunter		15. MOTHER'S MAIDEN NAME First Martha Middle Covey Last Covey			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No. (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 191-10-3059		17. INFORMANT Wife Mrs. Faith S. Hunter, Church Hill, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 2381 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Right Frontal Lobe Tumor DUE TO, OR AS A CONSEQUENCE OF (c) gliomatous cyst metastases Frontal Lobe Tumor - cyst metastases							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 mos. 1 year 6 mos.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 237X							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from July 2, 1967 , to 11-8 , 19 68 , that (I) (we) last saw the deceased alive on Nov 3 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE J.R. Smith Jr				DEGREE ATTENDING <input checked="" type="checkbox"/> MED. <input type="checkbox"/> STAFF <input type="checkbox"/> PHYS. DIRECTOR PHYS.		22c. DATE SIGNED 11/9/68	
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr				22e. ADDRESS Centreville, Md 21617			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov. 11, 1968		23c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery		23d. LOCATION (City or Town) (County) (State) Centreville, Queen Anns. Md.	
24. FUNERAL DIRECTOR James H. Baiton, Jr. Baiton Bur. Centreville, Md.				25a. REC'D BY REGISTRAR DATE NOV 12 1968		25b. REGISTRAR'S SIGNATURE J. Charles Judge	

